

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890836

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14	1		1			
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		2		2		
23		2		2		
24		2		2		
25	1		1			
26		1		1		
27	1		1			
28	1		1			
29		1		1		
30		1		1		
31		1		1		
32		4		1		
33		4		1		
34	1		1			
35	1		1			
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		5		1		
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8		8			
TOTAL DEP.	66		36			
TOTAL CLAIMS	74		44			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY